

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, DECEMBER 11, 1850.

No. 19.

THE ANCIENT MOUNDS OF THE WESTERN STATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Since my sojourn in this State, and more particularly since your polite request, I have sought, on all convenient occasions, to collect facts in relation to the ancient mounds that abound in several localities in the State. And after all, I can only present a few isolated facts and impressions. Some persons are confirmed in the belief that they are of comparatively modern origin. The principal evidence of this, they find in the large quantity of human bones almost uniformly discovered within them. These are found mingled with cooking utensils, implements of war, &c. The value of this testimony is greatly impaired by the fact that these mounds are now sought as repositories of the dead, and yet the present existing tribes have no knowledge of their origin. There can be but little doubt that they were made by a race entirely extinct, or of which, in connection with these, we have no record.

I have sought, from all available sources, information with regard to them. Among the first settlers within the limits of this State was Ex-Governor, now U. S. Senator, Dodge. He came to the west part of the State long before the protection of government was extended to it, and when his almost only neighbors were sons of the forest. He says, "Our principal intercourse with the Indians was in relation to minerals and to secure friendly relations with them." How well he succeeded in his designs with his savage neighbors, by kindness, so long as forbearance was a virtue, and afterwards by just chastisement in the war of 1832, usually called the Black Hawk war, is not the object of this article to delineate. Although the origin or history of these mounds did not escape his notice, he was unable to procure any satisfactory historical record of them.

Some persons have supposed them to be burial places of their chiefs or braves, and that the animal shape (so confidently observed by many) was the form of the animal from which the chief derived his name. It has also been said that a custom prevailed among the aborigines of celebrating, at certain intervals of years, a feast, that was called a feast of the dead. At those periods each family brought the remains of their dead kindred, consisting of skeletons and bodies in various stages of decomposition, according to the period that had elapsed since their

decease, together with the recent dead, and placed them on scaffolds erected for the purpose, where they remained during the celebration of the feast and other ceremonies, after which they were placed in one common repository.

These isolated facts and suggestions are all that I am able at present to furnish you on the subject. It is hoped that some incidents may lead to a successful train of investigations in this department of ancient history.

I can see no reason why the study of these relics of antiquity should not occupy a small place by the side of those so successfully pursued in the eastern hemisphere. It is a source of melancholy regret, as we tread these fields on which so much labor has been bestowed, that the race who performed such gigantic labor, should be entirely obscured, by not occupying a place in written history. C*****

Madison, Wisconsin, Nov. 14, 1850.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XVIII.

[Communicated for the Boston Medical and Surgical Journal.]

VALENTINE MOTT, M.D., OF NEW YORK.

“Nor yet in common glory, blazing stood,
The true philosopher, decided friend
Of truth and man; determined foe of all
Deception—calm, collected, patient, wise,
And humble; undecieved by outward shape
Or things.”

“From prejudice redeemed, with all
His passions still, above the common world,
Sublime in reason, and in aim sublime,
He sat, and on the marvellous works of God
Sedately thought.”—POLLOCK, *book ix.*

If there be any one thing which, more than another, distinguishes civilized man from the barbarian, it is his triumph over the ills of nature, and his progress in art, science and literature. The showy triumphs of the conqueror are shared by the most ignorant and benighted savage, and the feelings engendered by his glories are akin rather to what we may suppose are the delights of a fiend, when he has accomplished some diabolical piece of destruction, than those of a spirit of goodness, charity or elevated humanity. The glory of the Egyptian sages will long outlive the monuments of their kings and conquerors. The fame of the Greek philosophers becomes brighter and brighter as time rolls on in his silent but dreadful march of destruction, devastation and death. The liberal spirit of Leo X., around whose tiara and age must forever move the great spirits brought forth by the revival of literature (Dante, Ariosto, Boccacio, Tasso, Galileo and others), will live as long as science shall acknowledge a friend, or literature a most munificent patron. Homer, Virgil, Galen, Voltaire, Paré, Harvey and Newton, are names enshrined in the great heart of mankind. Not for an age, not for a cen-

tury, not for one country, not alone for christendom ; but for all time, all ages, all lands, and all people. The military achievements of an Alexander or Cæsar, a Napoleon, or even of a Washington, may and will pass away. They are temporal ; but truth and science are eternal. Science is a unit ; truth is the same under every garb—and he who advances the one, or defends and demonstrates the other, identifies himself with the only principle that never dies. A stronger argument in favor of the immortality of man cannot be obtained, than the existence of the fact that he appreciates *truth*.

A noble destiny is it for a man to link himself with the bright ranks of those whose minds have been mirrors of truth and science since the world began. But we must pass on to the object of our sketch. True, we do not pretend, in speaking of the object of the following remarks, that either he or his friends consider him among the *dii majores* of human intellect ; and yet were Cato a lawyer, which he is not, he thinks he could with ease make out a pretty "good case." This is always difficult, it must be remembered, as long as the subject "breathes the vital air." For men are irreverent dogs ; they will not believe, "though one rise from the dead." They have refused homage, as well as a simple acknowledgment of divinity or even superiority, not only to "Moses and the Prophets," but to Christ and many others while they lived ; and, fools that they are, have made themselves remarkably active in piling up monuments, *after death*, to those whom they persecuted and reviled while alive. And this will doubtless be the case with VALENTINE MOTT, M.D., a short sketch of whose professional life we now propose to give.

Dr. Mott is a descendant of Adam Mott, who became an inhabitant of Hampstead, L. I., in 1655. His grandfather William, son of William, and grandson of the said Adam, was born August 6, 1709, and died March 25, 1786. His wife's name was Elizabeth Valentine. He had ten sons, and two daughters. William, Henry, Samuel, Benjamin and Joseph left issue ; the others have not. The father of Dr. Mott was Henry, who was born May 31, 1757, and married Jane, only daughter of Samuel Way, of North Hampstead. He was educated for the medical profession under the elder Bard, of New York, and became a physician of respectable reputation. He resided, during the earlier part of his life, at Glen Cove, L. I., whence he removed to Newtown, where he remained several years. He died in New York city in 1840. His only surviving son, Valentine, was born at Glen Cove, Oyster Bay, L. I., August 20, 1785. He received a course of classical instruction in a private seminary at Newtown, where he resided until 1804, when he commenced attending the medical lectures of Columbia College, and entered, as a student of medicine, the office of his relative, Dr. Valentine Seaman. In the spring of 1807 he visited London, and became the private pupil of Mr., afterwards Sir Astley, Cooper ; and after attending the celebrated hospitals of St. Thomas, Guy, Bartholomew and London, for nearly two years, he proceeded to Edinburgh. In London he attended the lectures of the elder Cline, Abernethy, Charles Bell and Astley Cooper on anatomy and surgery ; Haighton on obstetrics,

and Currie on the practice of physic. In Edinburgh he attended Hooper on chemistry, Playfair on philosophy, and other distinguished teachers.

He returned from Edinburgh to London, and having re-visited the lectures and hospitals, embarked for New York. Arriving in the autumn of 1809, he commenced at once the practice of his profession. During the ensuing winter he delivered a course of lectures in the Columbia College; and was elected the following season to the chair of surgery in this institution, and demonstrator of anatomy to the late Dr. Post, then professor of anatomy. Subsequently, the medical faculty of Columbia College and that of the Physicians and Surgeons were united under the latter denomination, with Dr. Samuel Bard as President. Dr. Mott retained the surgical chair, and was associated with Drs. Mitchell, Post, Hosack, Osborne, and other distinguished gentlemen of that day. With this organization the school attained great reputation, and was distinguished among the schools of our country for the learning and practical talent of its accomplished teachers. Through some political disturbance, the whole of the faculty resigned their chairs, and Dr. Mott was thrown upon the income of his practice alone for support. This, however, was beneficial; and the great operation of taking up the innominata having already (in 1818) been performed by him, with many other important surgical operations, his reputation and practice were extensive. The daring and skill which projected and performed this operation, stamp Dr. Mott as the most accomplished surgeon of this or perhaps any other age. This, however, was but one of the many daily performed by him in the New York Hospital and in private practice for more than thirty years. "He has," says Sir A. Cooper, "performed more of the great operations, than any man living, or that ever did live."

Notwithstanding the difficulties he had experienced, Dr. Mott was, some years after the withdrawal of himself and colleagues from the College of Physicians and Surgeons, induced again to accept the appointment of professor of surgery in the same institution, offered him by the Regents of the University. Here he delivered several courses of lectures, till, in 1835, his health failing, he repaired to Europe to recruit and restore it. During his absence he travelled not only through England and France, but went as far as the Nile in Egypt. The result of these extensive travels has been a very interesting work, termed "Travels in Europe and the East."

The University of the city of New York having, in his absence, organized a medical faculty, he was appointed to the surgical chair, and made president of the faculty; which offices he assumed in 1840. This organization, with some exceptions, has continued ten years, and resulted in the formation of larger medical classes than had before been catalogued in New York city. During this period, and for many years before, he has enjoyed, perhaps, a larger surgical practice than any other American physician. The daily operations of Dr. Mott will compare with those of Sir A. Cooper in his "palmy days." With the confidence of his own countrymen, who resort to him from one end of the Union to the other, he also enjoys that of the inhabitants of the British, Bra-

zilian and Spanish possessions on this Continent, and for several years practised largely in the capital of France itself. Cato has repeatedly heard Dr. Mott's name quoted with respect in Vienna, Turin and Rome, as well as in London and Paris.

Dr. Mott's domestic relations are of the happiest character. A young, beautiful and accomplished lady of Philadelphia early engaged his affections, and a large family of fine children, two of whom are now distinguished physicians, has been the fruit of his marriage. One son is connected with the new school lately chartered in the city of New York; another bears the father's name, and bids fair to inherit his reputation; while the husband of one of the daughters ranks already among the most promising of the many young medical men of talent in the metropolis of the empire State. The accomplished wife and mother spares no pains or expense in forwarding the education and interests of her large and interesting family.

In person, Dr. Mott is rather above the middle height—broad chested, and firmly and compactly made—a constitution well calculated to endure the labor of his beloved profession. His hair is black or dark brown, beginning to become a little grey—brushed up, from a broad forehead, which surmounts a well-formed face; a pair of bright and keen eyes; a mouth whose expression is that of kindness, displaying, when he smiles, a set of fine teeth. His dress is neat, and he is remarkably particular in the adjustment of its various parts. His address is emphatically that of a gentleman; kind and conciliating to the young, affable and cheerful to the middled aged, polite and attentive to the old. He bears the stamp of a man of the world, accustomed to its ways, easily adapting himself to the different grades of society, and apparently at his ease and at home in the highest as well as the most humble—a true democrat, with the elevated taste of the most refined.

Dr. Mott has ever exercised the most liberal hospitality, and numbers among his personal friends and acquaintances some of the most distinguished personages, both in this country and in Europe. Cato remembers seeing Dr. Mott at the soirées of our late minister, in Paris, and remembers well the respect and attention which followed the person of Dr. M. himself, as well as those of the different members of his family. The most noted among the savans, corps diplomatiques, and nobility, were on pleasant terms with the distinguished American surgeon. His friend Velpeau, although not a man given to the sweet courtesies of life, unbends before and pays respect to the name, person and reputation of the great republican surgeon. The family of the ex-king of France, it is well known, were on friendly terms with Dr. Mott and family.

We have no decorations, no titles, no external marks of rank, in our country of freemen; nevertheless there is a decoration and a title enjoyed by Dr. Mott among his own countrymen, which is akin to that of Washington himself—he lives in the hearts of thousands who have been benefited by his skill. And this benefit will extend to millions who shall be treated by the same skill as practised by those who have learned of Dr. Mott. His mode of lecturing is extemporaneous, ready, free, anecdotal and witty. His great experience furnishes him with cases in

illustration of any surgical affection which he may desire to describe. Were Cato a great General, he would be disposed to exclaim, with Alexander to Diogenes, "Were I not Alexander I would be Diogenes." Nay, he thinks that the scientific fame of such men as Plato, Aristotle, Hippocrates, Paré, Larrey, Sir A. Cooper, Physick and Mott, is far preferable to that of the son of Philip of Macedon, Cæsar, Napoleon, Wellington, Scott or Taylor. These derive their greatness from the destruction of their species; but science draws its greatest triumphs from its preservation of life, its additions to human happiness, and the invention of those polished arts, "which humanize mankind." In the long line of future ages, when the historian shall look back for individual instances of greatness, to illumine the present period of our national existence, the name of Valentine Mott, the plain Quaker of Long Island and New York city, will present itself in bold relief to his ready pen, and will mark a distinguished epoch in American history. Medicine will ever embalm his memory among the saints of her scientific calendar, and point to him as one of her most worthy sons and brightest luminaries.

CATO.

P. S.—Cato has learned, with regret, that (what has not occurred in other cases) two errors of fact were penned in his sketch No. XII. One was in reference to the subject of that sketch having artificial teeth, whereas his teeth are remarkably fine, *natural ones*. The other referred to his marriage. It is stated that he was married "out of meeting," and was consequently turned out or thrown over the wall on account of it. Cato's remarks in this particular referred to the arrangements made among "Friends" in reference to marriage contracts; and he does not yet suppose that the gentleman alluded to was an exception to the rule, although his marriage may not have resulted in expulsion from meeting. It is well known that his "people" still claim him on any important occasion, most emphatically; and like many other men of talent, in our city, he enjoys the advantage both of his birth connection with the Quakers, and of his connection with "the rest of mankind" from having been disowned.

C.

ABSCESS IN THE NECK OF THE BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—I noticed in a late number of the Journal the history of a case of abscess in the neck of the bladder. A similar case has recently fallen under my care, which I hereby transmit to you, and if you think it worthy you can give it a place in your pages.

I was called upon, in June last, by Mr. N. Y., a young man of a robust constitution, and 22 years of age, who had been recently married. He complained of a heavy, deep-seated pain in the perineum, with much difficulty in passing water; the stream being much diminished in size, and attended with great pain. Judging from circumstances that he had got up an irritation in the urethra by excesses, I ordered

gentle laxatives, mucilages, with spts. nitre, and, above all, temperance. I saw no more of the case for several days, when I was called in great haste to see him at his house. I found him suffering increased pain in the perineum, and extending to the loins, or rather to the upper part of the sacrum, and a total retention of urine, which had accumulated in the bladder so as to be felt high above the pubes. The patient was straining to relieve himself, and crying out with pain, not being able to void but a few drops, and that only by the most violent efforts. I passed the catheter without difficulty until I reached the prostate gland; when I found its further progress obstructed; but by manipulating, and using some degree of force, I succeeded in entering the bladder, and drew off a large quantity of water, with much relief to the patient. The deep-seated pain in the perineum and about the sacrum continuing, and there being a considerable degree of febrile excitement, I applied cups to the sacrum and fomentations to the perineum, with the antiphlogistic regimen. It all appeared to be of no avail, the pain continuing, and the catheter had to be used daily. About the third day, in passing it, on reaching the obstruction, it appeared suddenly to give way, and the instrument passed on for about an inch and a half, entering an apparent *cul-de-sac*, and two or three spoonfuls of pus, slightly streaked with blood, escaped through the instrument. The patient now strained powerfully while the instrument was yet in, and urinated freely the water, passing by the side of the tube instead of through it. The escape of the matter appeared to relieve him of pain, and still he was unable to urinate without the use of the catheter, which I introduced daily, it invariably passing into the abscess and permitting the escape of one or two teaspoonfuls of pus, when he would urinate as before, the water passing by the side of the tube. After three or four days he was unable to pass it even then, so that I found it absolutely necessary to adopt some means to carry the point of the instrument past the opening into the abscess, which lay between the prostate gland and the rectum. I therefore gave the instrument a short curve upward near the point, in addition to the usual curve, and introduced the index finger of my left hand into the rectum, and supported the point until it passed the opening to the abscess and entered the bladder. Fortunately he was able to urinate after this without the aid of the catheter. The abscess continued to discharge less and less for about a week, when it ceased entirely, and he complained of a deep-seated pain in the rectum, which continued to increase for three or four days, and then broke into the rectum, discharging a large quantity of pus per anum, which gradually diminished in quantity until, like the one in the urethra, it ceased discharging; since which time the patient has enjoyed good health.

SAMUEL MITCHELL.

Cameron Mills, N. Y., Nov. 25, 1850.

DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATION.

[Continued from page 357.]

DR. BELL, speaking of the vapor bath, says, "If the head be exposed to the vapor, so that it is inhaled, the stimulating effects of the bath are

increased, and the amount of the fluid absorbed very greatly augmented. The imbibition by the pulmonary veins is considerable, and so far serves to moderate the hurried respiration which the caloric of the vapor naturally tends to produce. When the dose of the caloric is not great, its stimulating action will be mitigated by the moisture, which may even predominate and give rise to soothing and sedative effects." The elastic power of vapor is a so much less conductor of heat than water, that a moist vapor bath at 100° F. only equals, in its stimulating effects, a water bath at 90°.

When there is any disease of the internal mucous membrane, as in bronchitis, or any of the air tubes, it is always preferable to *inhale* the vapor of the bath, whether it be simply that of water, or impregnated with various aromatic herbs or gums; though such is the relation of the skin to the lungs, that much relief might be found to such diseases, even when the vapor is brought in contact with the skin: for, what the skin does not do, the lungs must, and *vice versa*, or the patient must sink.

"*Dicam pauca me*," as Cicero often said. I cannot well forbear doing this, in this connection, however much it may savor of egotism. For several years, I was subject to turns of *hoarseness* upon taking the slightest cold; indeed, there was such a chronic weakness of the laryngeal and bronchial tubes, that the simple effort of speaking for a few minutes produced it, even when no cold was induced; and when any was contracted, the difficulty of speaking was greatly augmented. A feeling, as though something were lodged in the larynx, and a constant disposition or effort to *swallow* it, was ever present. When otherwise in tolerable health, the voice was hoarse or grum, like the low bass of a viol, or the croaking of a frog, such was the relaxation of the vocal cords and their adjacent tubes. The difficulty was so serious, and continued so long, that I was compelled to desist from speaking in public. After consulting many physicians and experimenting with many remedies—after having the *uvula* truncated, which was done by Dr. Lane, senior, of this city—and the application of solutions of the nitrate of silver, and Lugol's solution of iodine, all of which afforded some relief, I derived the most permanent benefit from the use of the vapor bath, applied to the skin and *interior* organs of the throat and lungs, in the manner above-named by Mr. Wilson. Generally, nothing but the vapor of simple water was employed, though sometimes it has been medicated with elder flowers, bone-set, and other aromatic herbs, and a few times with some of the resinous substances. Though I have been much more free from this difficulty for several years, than formerly, yet there is still a tendency to bronchial and laryngeal disturbance; and whenever this is the case, whether immediately induced by over-action in speaking, or by sudden changes in the weather, I have resorted to the vapor bath. This has had the desired effect. Its influence, generally, upon the skin is to make one feel as though he were newly "swept and garnished," or as the Syrian General did when he "had dipped himself seven times in Jordan;" and inhaling the vapor at the same time has soothed the irritated membranes, freed them of mucus, and thus restored them to their proper state. Instead of taking medicine, or applying astringents or caustics, this has been

my talisman in every such emergency ; and, having found it thus beneficial, it is not surprising that I should be partial to its use, in accordance with the old adage, " We should speak well of a bridge which carries us well over." I never take the bath without inhaling the vapor. In any case, unless where there is a strong determination of blood to the head (and even this may generally be obviated by applying to the cranium a towel wet with cold water), this would be to deprive the bath of half its beneficial effects. There is no danger of taking cold, provided the bath be raised to a temperature sufficiently high to cause some excitement upon the skin and some acceleration of the pulse, and the ordinary precaution be taken of not getting chilled after leaving it.

The bath, thus administered, is an excellent substitute for the whole catalogue of diaphoretics and counter-irritants. It procures free perspiration from the cutaneous vessels and expectoration from the air tubes, which, if we attempt to accomplish by drugs, we are always in danger of irritating the stomach and bowels and augmenting the functional derangement of all the visceral organs. It is no new thing to cure a cold, or chronic catarrh, by the use of the vapor bath, applied both to the skin and air passages, as is illustrated by the account of Dr. Kentish, quoted in a note by Dr. Bell, which also shows that there is but little danger of taking cold after its use. The case referred to is but another illustration of the intimate relation and sympathy between the skin and the lungs, and shows that though, by inhaling the vapor, we may accomplish much, yet, often, in order to effect a cure, we must apply the vapor also to the skin ; and though it is not designed at present to speak of the usual advantages of the vapor bath in the treatment of chronic diseases generally, yet this subject may well form the basis of another paper, at some future time.

Dr. Bell, after enumerating the various diseases in which the vapor bath was highly beneficial, when administered without inhaling the vapor, adds, " Immersion in the vapor bath is, however, sometimes complete, so that it is inhaled into the lungs, and thus applied to their mucous surfaces in a long list of diseases. This mode of administration would even have marked advantages " (and this is all the mode of which the writer of this article designs to speak, or which is applicable to the class of diseases now under consideration), " when the pulmonary mucous lining is in a state of irritation, and the skin at the same time dry, and the perspiration deficient, as we find in catarrh, bronchitis, croup, asthma, and a certain stage of measles and smallpox. When, likewise, the lungs are perfectly sound and clear of irritation, while there is febrile disturbance of the system, with small or active hard pulse, there would be great advantage in introducing moisture freely into the pulmonary cavities, as it would be rapidly and greedily absorbed and carried into the circulation, and act as an effectual diluent. The main point on all these occasions, from which our attention is never to be diverted, is, that the degree of heat of the vapor shall bear a due proportion to the heat and febrile excitement of the system, so that there shall be an inverse ratio between the two : the greater the excitement, the lower the temperature of the vapor bath, and the reverse."

M. Rapon gives examples of the entire relief afforded in cases apparently of incipient phthisis, by the use of the vapor bath, *when the vapor is inhaled*, or in his Oriental bath, which was by inhaling it.

The inhalation of vapor, or the vapor bath of which I have thus spoken, has no resemblance to the "steam bath" of modern times; nor is it new. It has been employed and recommended by many eminent members of the medical profession, for many years past; and in calling attention to its use, I have only imitated many who have gone before me. I am confident more of these baths, and less drugs, would be an improvement in general practice. Nor, by this remark, do I mean to censure the present routine of medical practitioners, as it is believed there has been an improvement in the use of drugs within the last twenty years, both creditable to the profession and beneficial to patients. The physician who prescribes a proper course of living, in all its minutiae, for his patient, does more for the benefit of his employer than he who simply prescribes a cathartic or emetic, or a tonic course of quinine and iron. As a general remark, it will be found true, that inflammation and irritation of the air passages will be greatly soothed and relieved by moist vapor, especially when it is made to convey the anodyne, narcotic and expectorant properties of certain medicines; and, that a relaxed state of the mucous membrane of all these passages, with much secretion, will be greatly benefited by dry air, heated by flues passing through the apartment of the patient (or in some other manner); and this good effect will frequently be augmented if the properties of various aromatics and resinous substances are held in suspension by such a rarefied atmosphere.

[To be continued.]

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, DEC. 2d, 1850. CASE I. *Fistula in Ano. Operation.*—This patient experienced, in the history of his affection, a longer interval than is common, between the first appearance and the discharge of the abscess. It appeared spontaneously by the side of the rectum two years ago, and at the expiration of two months projected an inch or more, before breaking. It is often asked whether an abscess in this region is necessarily what is called fistula in ano; or, in other words, whether an abscess may exist here without the usual tendencies of this troublesome affection. You will find in the books that a spontaneous cure in this place, as of a boil elsewhere, is excessively rare. I have seen one such case; but I incline to believe that there are surgeons of larger experience who may not happen to have seen even one. It was in a young man in whom a tender induration at the outer margin of the sphincter broke, about the third day. The probe entered three quarters of an inch, but the excessive tenderness of the part caused the

operation to be deferred, and the opening healed by the fifth day after. This occurred at least two years before the use of ether, and the patient has had no trouble since. Such a case is rare, and an abscess by the side of the rectum generally requires the operation for, and practically is, "fistula." If we adopt Brodie's view that this abscess is always caused and perpetuated by the escape of feces through a little ulcer of the mucous membrane lining the sphincter, we have a constant and peculiar condition connected with it; and which prevents its spontaneous cure. Brodie thinks this is the cause of their duration, rather than the friction and motion of the sphincter and levator; and, as a natural result, urges the necessity of finding this internal perforation and of making the incision through it in order to obliterate it. Against these views of this most distinguished surgeon, it may be alleged that a surgeon is generally called upon to operate without the "three or four examinations" which he finds to be sometimes necessary for the discovery of the internal orifice; and that in the event of not finding it, it is common to perforate the mucous membrane with an artificial opening, and that such cases usually get perfectly well. In this case the internal orifice was readily found at its usual place about half an inch above the external sphincter. A few days ago, in another case, I found the ulcerated orifice in a less common position, at the extreme head of the sinus and of the sphincter, and opening into the dilated gut above. The usual position of the internal fistula directing exploration, the hole being found and the incision made, it remains to be settled what is to be done with the upper part of the sinus, which, as in this case, often runs an inch higher up. Brodie advises that it be left. This one I slit with scissors to the extent of half an inch, as it was deep, and there was no especial reason for not placing it in the category of other sinuses. In fact, it is common to divide such a sinus with caution. There is a chance of hemorrhage from vessels you cannot reach. But when the wall is thin, you may feel, with the finger in the anus, the hemorrhoidal arteries in its substance, beating, and avoid them. There were none here; but in a case a year ago, where such a vessel was high up, directly below the upper orifice, I passed through the latter a wire of pure silver, which will twist without breaking, and let it cut its way out. Then there are not unfrequently sinuses outside, extending laterally upon the nates, sometimes to the tuberosity, or in front to the scrotum. A recent or tender one may be left to itself, the sphincter being divided; but a chronic or indurated one had better be laid open, as in the present case; where such a sinus having been opened by the patient himself with a penknife, had been frequently touched with caustic and had become greatly indurated. The patient, who seems to have studied the subject, desired that it should be dissected out; but it will now doubtless granulate on exposure to the air. The operation, apart from the chance of hemorrhage, is, as you saw, inconsiderable. A finger in the anus meets, at the inner fistula, a probe passed into the sinus. Now you may follow the probe with a narrow blunt-pointed knife, and make it cut its way out, resting on the tip of your finger; or, which is easier, and which I did in this case, drag down the tip of the probe or direc-

tor through the anus, and slide it over upon the opposite side of the nates. The mass is then exposed, lying upon your instrument, and you divide it as you please. A little dry lint separates the cut surfaces for a day or two while they have a tendency to unite, and the wound afterwards requires only to be kept clean. This patient will doubtless get about in the course of a fortnight.

CASE II. Injury of Finger. Amputation.—A middle-aged woman, otherwise healthy, two years ago washed her finger, which was slightly pricked, in soapsuds containing bed-bug poison. The finger swelled largely; of which the rational explanation probably lies, not in any specific action of a mineral or vegetable poison, but in an aggravation of some pre-existing tendency to morbid inflammation. The patient applied to a doctress, "good in such cases," who opened an abscess with scissors and poured into it alcohol. After a considerable interval, the part came under proper treatment in the hands of a surgeon, and was healed; its two extreme joints, stiff. This unfortunate member was again laid open, and the bone fractured by a blow a fortnight since; and the tissue of the old cicatrix ulcerating as it easily does, the thing assumed the appearance of a whitlow. Dr. Townsend amputated it at the middle joint, making a very neat flap from the palmar surface. This operation occupies pages in books upon operative surgery, and it is a sort of test of skill in the dissecting rooms. It is quite convenient to know that the distal curved wrinkle on the back of the joint will exactly open the cavity without too much uncovering the bone; and that it is the lateral ligaments which resist most till divided; but it is not often that the regular described operations will apply to the diseased finger. Fingers are often mashed or largely swelled; and unless very near to a joint, the best rule I know, is to get a good covering for the bone, wherever there is a bit of sound and attached skin, and then to divide the bone with forceps, just below it, if you are not at a joint. The arteries play a little, but if the flap is stitched or otherwise fixed in place, and the finger compressed with a narrow bandage, they generally stop without tying.

CASE III. Tumor in the Nose. Operation.—This may be called a tumor of the nose, for it certainly is not anything else. It is, as far as I know, anomalous, and is a most extraordinary affair. It came like a polypus, and looked like one; but it certainly is no polypus. The woman is about 40 years of age, and has been otherwise healthy, till within a few months, since when she has lost flesh. Her attention was called to the pain in the nasal and ethmoid bones, about nine years ago, when, after a good deal of pain and some constitutional disturbance, a "gathering broke," and there was a discharge of fetid pus from the left nostril. This occurred at intervals afterwards; but about five years ago she expelled, by blowing from this nostril, a bit of white thick soft matter. This has occurred several times since, and twice a mass of it as large as the last joint of the little finger. This sort of account is very common. There is a class of patients who are made very unhappy by what they blow from their noses, and there is sometimes disease and sometimes not. "White matter" often means only abundant opaque mucus. So that this account alone was quite unsatisfactory,

except that inspection of the nose showed what appeared to be an ordinary polypus high in the left nostril. Its history went to confirm its character. It "came down," that is, came forward and in sight, a few weeks ago. Since last April it has been gradually obstructing the air on this side, and at present the stoppage is complete; the patient volunteering the statement that it was larger in damp weather. Common polypi are so, and with present evidence, this was likely to prove such. The operation, as you saw, was performed in the ordinary manner. I introduced a pair of oiled polypus forceps so as carefully to include the tumor, shut the handles tightly, and after one or two twists brought out the closed instrument, containing in its grasp what appeared to be—nothing. I mentioned, at the time, that this was a common experience; that a polypus of some size, when its contained serum has escaped, often leaves only a collapsed bit of mucous membrane, concealed between the blades of the instrument, to account for a considerable obstruction removed. The forceps here showed only a little pasty material at their extremity. They were again introduced, and with the same result; but at this time the patient blew from the nose a fragment of this paste. Repeated introduction of the forceps, alternating with the expulsive effort, at last cleared the nasal passage by the evacuation of two good teaspoonfuls of the same material. This was a dirty white paste, perfectly destitute of obvious organization, about the consistence of white lead, smooth, homogeneous, and with a faint smell of macerating bone. Under the microscope it showed only very minute granular material, a very few small cells here and there, and occasionally fragments of fine fibres; the whole field presenting the aspect of common tartar taken from the teeth, more nearly than anything I know, but without calcareous deposit, and exhibiting only fragments of the long and fine fibres discovered in tartar.

The question is then upon the nature of the affection. Is this, polypus alone, mucous, fibrous, or malignant; or is this material superadded to polypus, or connected with it? It is obviously something foreign to the usual history of the affection. We have sometimes calcareous concretion in the nares, but apart from its resemblance to non-calcareous tartar, this material has no evident affinity of that sort. The early progressive character of its history now becomes of interest, and we may infer that what was once a slight is now an aggravated lesion; and that it was once attended with exacerbations accompanied with headache and terminating in a discharge of pus. This would suggest some chronic affection of the bone, perhaps tubercular. But I know of no regular affection of the antrum or ethmoid resulting in this, and it seems improbable that a soft secretion should accumulate in such quantity in the nares without becoming disintegrated and semifluid to a degree which would facilitate its escape. With these speculations, and preferring to give a curious case in its actual, though it may be temporary aspect, I leave it for the present.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1850.

EDITORIAL CORRESPONDENCE.

Malta.—Contrary to the expectation excited by geographical writers, Malta, instead of being a drop of earth in the Mediterranean sea—a mere rock, covered artificially by soil brought from a distance—is a massive strip of terra firma, stretching full ten miles to the west of the main port. There are several large villages; and with regard to Valetta, the focus of business and the fortress, it is better built than many cities of Europe which make pretensions to excellence in the style of architecture. There is nothing like it on the globe in respect to the means of defence. Guns meet the eye at every point—and there it stands alone, a stopping-place for voyagers. The presumed spot where St. Paul shook the viper from his wrist, is full nine miles from the entrance harbor. Opportunity was not offered for an examination of the extraordinary antiquities of the island, which refer to a period so exceedingly remote that even conjecture does not fix upon the people or the epoch by whom and when the tombs and cyclopean structures had an origin. Our consul, Mr. Winthrop, a Bostonian, son of the late Joseph Andrews, of Boston, has recently made explorations that have created a sensation among antiquarians. Everything shows that Malta was settled at an exceedingly remote age; but how the people found the place, or left it for the continents of Europe or Africa, without the compass, is an unsolved problem. Owing to the dreadful activity of the cholera, Malta has been forsaken for months; and consequently when the French steamer Eurotus, from Marseilles, on which we took passage from Naples, was courageous enough to go directly into port, the inhabitants appeared delighted. Never did such a rabble beset a ship as encircled us—speaking all the known languages of this section of the world. It was an effort to get on shore through the army of couriers, hotel commissioners and boatmen, who offered their services. Malta is now free from disease, but voyagers are afraid to land, and consequently it will be some time before its accustomed activity and commercial thrift will be re-established. There are two hospitals—the naval and military—in their internal administration and arrangements similar to those of other countries devoted to the same special service. Of course they are under the charge of English service surgeons, and consequently require no comment. A medical school is in full operation, having annually about 40 students. Italians appear to have the principal control of everything within the city walls. They are extremely bigoted; and from what could be gathered in relation to the hostility of the Catholic population to the English rule, they would no doubt rejoice at the establishment of the inquisition. When the host passed through the streets, the entire population, apparently, were awestruck. Nothing would be more difficult, at the present moment, than a description of the churches, the palaces of the knights, and the reminiscences of this out-of-the-way, yet in-the-way drop of earth, surrounded by the waters of the Mediterranean. Fruits abound—rich and cheap beyond all past experience in other countries. Sunday is observed very much as in all other papal regions—the shops, markets, &c., being open, and pedlars and hawkers of all sorts and orders filling the streets. About noon,

a little more reserve is manifested than at Rome, or in Italy generally—the English respect for the Sabbath being triumphant from that hour till dark.

Alexandria.—By accident, the machinery of the French steamer *Lousquor*, bound to Egypt, got out of order, and going into Malta for repairs, was necessarily obliged to communicate with the town—which she otherwise would not have done, fearing, as a consequence, a quarantine at Alexandria and Beyroot. We had made up our minds to be detained at Malta some weeks, unless a sailing vessel was taken—since neither the English, French nor Austrian line would touch, with the contingency of a quarantine hanging over them. Immediately on the arrival of the *Lousquor*, we had the good fortune to get on board of her—the opinion being entertained that at Alexandria no detention would be enforced, since the cholera had subsided at Malta, and was known to linger in the place to which we were bound. With a large number of passengers, of all nations, tongues and ages, we sailed on Sunday evening, Oct. 27, and on Thursday evening, Oct. 31, first saw the African light—but such is the intricacy of the channel, the *Lousquor* kept off until Friday, Nov. 1, when we majestically entered the harbor of Alexandria. No pilot came on board, which presaged some very disagreeable act of the sanatory council. Pretty soon a boat came alongside, filled with Arab oarsmen in turbans, bare legs, stockingless feet, and wrought jackets, or no jackets, at the stern of which was an old Italian physician, whose upper lip was eked out with a dirty grey moustache, like the eves of a Swiss cottage. With a pair of tongs he received the clean bill of health brought from Malta, certifying to the entire disappearance of epidemic cholera, together with the good health of the island and of the crew and passengers of the *Lousquor*. It was carefully placed in a tin canister, and away he went to report to his superiors, who, in the sequel, proved themselves to be greater asses than their medical messenger. In the meanwhile a multitude of boats surrounded us from the town—so strange in their appearance, appurtenances, and the people in them were such deviations from all the specimens of humanity we have seen in other countries, that the novelty was a kind of compensation for not being permitted to go immediately on shore. The distance from Malta to Alexandria is 960 miles, by the best charts in our possession. A more beautiful sight cannot be contemplated, in coming in suddenly from the turbulence of the sea, than this harbor. At the moment of writing this line, which is done in the office of the commissary of the ship, the palace of the late Pacha of Egypt, of terrible memory, is not more than sixty rods from the vessel—a very large, three-story house, with many windows, green blinds and out-houses. It is on a level with the water, so that boats can enter the garden through its huge gates. On the elevated ground, overlooking the palace, the harbor, town and sea, is another large edifice, minus chimneys or windows—the harem, where several hundreds of ladies, doomed to see no other man than his highness, passed away their days in frivolous amusements and in quarrelling with each other. On the death of their husband—for there was only one for them all—they were mostly removed to Cairo, and now one building is empty, though gorgeously fitted up with chandeliers, gilded cornices and fat cushions—the only beds, which are seats by day and couches at night. There are also in sight, Pompey's pillar; wind-mills without number; thousands of mud cottages, having a door-way, occupied by the soldiers, their wives never exceeding, it is said, the lawful number of four; and three magnificent ships of war, equal in

all their appointments to any we have seen in England or America. A long line of forts defends Alexandria—on which is floating a red banner, with the crescent in the centre. Vast numbers of these flags are every where flying on the shipping, which has a fine effect, and moreover shows that this power is far more respectable in naval defences than is generally represented. We have been watching the Arab sailors strike the topmasts this morning, in their big bag-breeches, red caps and white shirts—and a picturesque scene it was. Two ragged, bare-footed Arabs were put on board, bearing long sticks with the bark on, to guard us. Boats were constantly going and coming (for we were anchored right in the midst of all the shipping), bringing and carrying letters, food and messages. A greater farce than this quarantine can scarcely be imagined. We were from a healthy place and all in health, while the city at which the vessel arrived is suffering from the cholera! Yet these Italian physicians have managed to introduce here the same wretched system of health police which disgraces their own country, almost to the destruction of commerce and social intercourse with other nations.

In previous letters, the facility with which languages are spoken has been adverted to—but it is a subject of such peculiar interest, that it is again introduced. On board the *Lousquor*, the English, Italian, French, German, Arabic, Greek, and perhaps several others, are spoken by the same persons, and with such perfect facility as to excite surprise in us, although it creates no wonder in those who are accustomed to this accomplishment. A young lady is on board, aged 16, who has such familiarity with languages, that in some countries she would be created doctor of laws, and made professor in a college. As a matter of course, Latin is spoken very generally by professional men, and with apparent ease. If an anxious father in the United States, instead of sending his son six or seven long years to learn Latin and Greek, which are never thoroughly acquired at best, would send him at ten years of age to the care of the American Consul at Malta, Alexandria, Beyroot, Constantinople, or some less distinguished cities in their neighborhood, in three years he would speak fluently six or seven languages, including Latin, and at half the expense which would be incurred at home.

Alongside the vessel is the dragoman of Mr. Stephens—the well-known traveller, author of the "*Incidents of Travel*"—expressing a strong desire to accompany us up the Nile, as he did Dr. Stephens. Hamen, a native of Philæ, far up the river, who was Sir Gardner Wilkison's dragoman through the whole of that learned gentleman's explorations in Egypt, while collecting materials for his admirable work, has also sent up his claim. This is the Mahometan Sabbath—and the word is, the Italian Board of Health will do no official business (Friday), although Catholics. They are a subtle, supple set of adventurers, who would serve the devil just as readily as Abbas Pacha, with the same salary. We addressed a note of remonstrance to the American Consul, stating the absurdity of this quarantine.

Saturday, Nov. 2d.—This is the Jewish Sabbath, and consequently all the Jews refrain from business. At noon, unexpectedly, free pratique was granted, and the rush to the gangway was tremendous. All the christian consuls had met the Senate of Health, as it is termed, and protested so strongly against their doings (as many of the passengers bound to India would lose their passage), that they relaxed. In extenuation of their order for quarantine, Abbas Pacha's command, sent down from Cairo, was appealed to, ordering it on all vessels coming from places where the cholera

existed. On the other hand, the American Consul contended, that a clean bill of health from Malta, saying the disease had disappeared, was not to be disregarded—and the flexible officials, fearing that they might individually get into trouble, gave up, and we came on shore in the midst of a fleet of small boats, manned by Arabs, in one uninterrupted series of quarrels among themselves. Next, we encountered an army of donkey-drivers, offering their services. Never was such a scene witnessed by any of us before. With all our bones whole, we finally arrived at a hotel, in a large handsome square, called the consular, from the number of consuls residing in it. Flag-staffs are raised on the roofs of their houses, whereon the flags of the nations represented are flying. They were all at half-mast as we entered, on account of the death of the Queen of Belgium, the intelligence of which was brought by our vessel. All the flags in Egypt were kept at half-mast three successive days when the death of President Taylor was announced. This was a very marked exhibition of respect for the government of the United States, which has been most gratefully acknowledged by a humble citizen of that glorious Republic—the first traveller from thence since the circumstance occurred, according to our best information. Cholera has been so terrifically fatal here of late, that few voyagers have ventured into this region the present year.

Suffolk District Medical Society.—This society held its first meeting in their new rooms, Masonic Temple, on Thursday evening last. The room for meeting is most comfortably fitted up, and there is one adjoining which is to serve for the Physicians' Exchange, where the various medical periodicals will be found, and which will be open daily. Much praise is due the committee for the zeal displayed in procuring these rooms, and the very excellent manner in which they have been prepared for the accommodation of the society. There was a full attendance of the members. A very interesting paper on *eczema mercurialis* was presented and read by Dr. Durkee. Pathological specimens were presented by Drs. H. J. Bigelow and J. Mason Warren; one of a white swelling of the knee joint, the other a vertebra with a musket ball imbedded in its substance—both gentlemen giving the history of their respective cases. Oral communications were made by several of the members; and last, but not least, were the substantial comforts of the inner man, furnished by Dr. M. S. Perry. At a late hour the meeting was adjourned, all the members seeming much pleased with the new arrangement. We would mention that the use of the rooms were granted to Dr. G. S. Jones for preliminary meetings of the apothecaries to organize themselves, preparatory to their application to the Legislature for a charter as a college of pharmacy. Most of the members gave their hearty consent to such a measure, and were not disposed to throw obstacles in the way of so important an organization. Dr. Bowditch's gentlemanly and enthusiastic efforts on the occasion will especially long be remembered by the applicant for the rooms as above specified.

Poisonous Effects from using new Earthen Ware.—A somewhat singular, though not unaccountable occurrence took place in the family of a gentleman in one of our neighboring towns, a short time since. It appears there was a large number of the gentleman's family and connections present to partake of a Thanksgiving dinner, numbering in all 23

persons. The usual variety served on such occasions covered the banquet board, and the party partook of it with the proper relish. Twenty of this party remained over night, and took breakfast with their host the ensuing morning. A large chicken pie, which had not been touched the day before, was served out to them at this time. In a few hours after, seventeen of them were violently attacked with severe griping pains in the bowels, accompanied with profuse diarrhœa. It appeared, from investigation, that *only those who ate of the pie* were the ones who suffered. The lady of the house having made it herself, and partaken freely of it, suffering alike with the rest, of course removed all suspicion of intentional poisoning. The query now is, what was there in this *pie*, or about it, that should produce these effects? The pie was baked in a yellow earthen glazed dish, that never had been used before; and the conclusion necessarily is, that its contents became impregnated with portions of the enamel with which it was lined, and hence the consequences. Now the enamel used by potters varies in composition, according to the purposes for which the ware is intended. They all, we believe, contain more or less lead, cobalt, &c. Often the biscuit, as it is called, is made of clay which contains poisonous matter in various proportions, and if, after the baking, the vessels are imperfectly glazed or protected, bad consequences may arise from using them. All such ware, to be used in cooking, when *new* should first be proved, and this is best done by having it greased over with lard or tallow, and then subjected to the heat of an oven. This will generally be found a sure protection. This one instance should serve as a warning to families, and is not without interest to the physician. Had the occurrence taken place during the prevalence of cholera, the sickness might have been taken for it, and with very good reasons, its symptoms and character simulating that disease. We are pleased to state that the parties entirely recovered, the majority of them only suffering five or six hours.

Better late than never.—We learn from the Boston Medical Journal, that the profession of that city have at last awoke to the importance of having a college of Pharmacy in Boston, and the preliminary movements to this end are in progress. Recent fatal mistakes by apothecaries would seem to have given the impulse to some action in this direction. But unless the college can be invested by law with a control over the question, who shall and who shall not vend medicines in that city and state, ignorant apothecaries will still blunder on—for the people love to have it so, it is so democratic and anti-monopoly like, in this free country!—N. Y. *Med. Gazette*.

BIBLIOGRAPHICAL NOTICES.

Dr. Pallen's Introductory Address.—The introductory address delivered before the class, in the medical department of the St. Louis University, by Prof. M. M. Pallen, M.D., has been received. It is a very spirited address, and evinces a mind that has been highly cultivated, and especially devoted to scientific research. We like the style of reasoning adopted by Dr. Pallen, and no doubt it must have convinced the audience that "*theories*" are sometimes as good as observation and experience.

Disease of the Kidney.—A pamphlet has been received containing the "report of a case read before the Medical Society of East Tennessee," in which the diagnosis was "disease of the kidney," by Frank A. Ramsey, M.D., Corresponding

Secretary, &c. of the Society. It is a well-written paper, and furnishes evidence of careful study and observation. The case in question would evidently have been diagnosed disease of the urinary apparatus, by any medical man; but if it should have proved to have been an anomalous disease, an autopsy would have revealed it, the absence of which is certainly to be regretted.

Dr. Annan's Introductory.—The introductory address of Dr. Sam'l Annan, Prof. of Pathology, &c. in the medical department of the University of Transylvania, has come to hand. The address is characterized by its liberal sentiment towards those medical students who have not had the advantages of a classical or preliminary collegiate education. The professor says, with much truth, that "*Latin will not cure a fever,*" or "*Greek assist the surgeon.*" John Hunter was a good physiologist, and Sir Astley Cooper's skill in surgery unquestioned; yet they were ignorant of the Latin and Greek languages. Dr. Annan would not have us believe that the languages are unnecessary to the learned, but, on the contrary, thinks a knowledge of them would facilitate our progress in the science; yet there can be good physicians and surgeons who are totally ignorant of them. There are many excellent points in the address, referring to other matters; but we are compelled to pass them by, for the want of room.

Vermont Asylum for the Insane.—The fourteenth Annual Report of the directors and superintendent of the Vermont Insane Asylum has been received. The institution is in a prosperous condition, proving itself the almoner of good to those bereft of reason. Since its opening, fourteen years ago, 1603 patients have been received, 745 of whom have fully recovered. The low price for a bed in this institution must necessarily attract the attention of those having insane friends who wish to avail themselves of a hospital, and are obliged to economize in their expense. Such institutions are of the greatest benefit to our country, and should receive the especial attention of those wealthy individuals who are disposed to promote the cause of true philanthropy. The munificent sum lately given to the M'Lean Asylum, in Somerville, by the Hon. Wm. Appleton, of this city, will add renown to his name, and the recipients of his benefaction will doubtless have reason to perpetuate it.

Sydenham Society, London.—The report of the eighth general meeting of this society has been sent us. The objects of the society, it appears, are for "meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals." This is certainly praiseworthy; but for the life of us, we cannot see any good reason for diffusing some of the literature which the learned society has published since its organization. For instance, we will mention some of the works of the great man for whom the society is named. Works upon theories, which the present generation know to be false, need not reappear, except to show by contrast the rapid strides that are made in medicine and the collateral sciences. It may be true we are quite as far off in our pathology of fever as they were in the days of Sydenham; but the rationale of its treatment we believe to be decidedly better understood, more at least in accordance with the *vis medicatrix natura*. We have much respect for the writings of Hippocrates, and cannot very well object to their republication, believing many of his aphorisms consonant with good sense and understanding. One guinea a year will make any one a member, and if he does not like the publications, he has a perfect right to say so.

MARRIED.—At Groton, Ms., Dr. George Brown, of Barre, to Miss Katie Wood, of G.—In Dover, N. H., T. J. W. Pray, M.D., to Miss Sarah E. Wheeler, of D.

DIED.—In New Haven, Dr. Joseph Darling, aged 91, the oldest graduate of Yale College.

Deaths in Boston—for the week ending Saturday noon, Dec. 7th, 65.—Males, 36—female, 29. Disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—consumption, 18—cancer, 1—croup, 3—dropsy of the brain, 4—debility, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 3—lung fever, 3—gastritis, 1—hooping cough, 2—disease of the heart, 1—infantile diseases, 2—influenza, 1—inflammation of the lungs, 2—disease of the liver, 2—measles, 1—old age, 1—palsy, 2—puerperal, 1—smallpox, 1—suicide, 1—teething, 4—tumor, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 8—over 60 years, 4. Americans, 40; foreigners and children of foreigners, 25.

Physicians' Fees in California—The San Francisco Herald publishes the "fee bill" of the medical society of that city, from which we gather the following items:—For a single visit or advice in a case in which no further visits are required, \$32. This is not intended to apply to those cases in which the physician is considered the regular medical attendant of the individual or family. For each visit in a case in which the physician is in regular attendance, or for advice at his office, \$16. Every necessary visit in the same day to be charged, whatever their number, at the same rate. When detained, for each hour \$32. For a visit at the time appointed by the patient or his friends, during the day-time, \$32. For a written opinion or advice to a patient, \$50 to \$100. For a visit at night, \$30 to \$50. For a visit as consulting physician, during the day-time, \$32. The same fee shall be paid to the attending physician. For a visit as consulting physician during the night, \$100. For visiting distant patients, \$10 to be charged for every mile from the city. For an opinion involving a question of law, \$150. For a post-mortem examination in case of legal investigation, \$200. For a certificate of the state of health of an individual, \$50. For vaccination, \$32. For reducing recent luxations, \$32 to \$100. For reducing old luxations, \$160 to \$200. For removal of stone from the bladder, \$500 to \$1000.

Burning of the Insane Hospital in Augusta, Me., and several of its inmates.—The Insane Hospital at Augusta was destroyed by fire, Dec. 4th, and it is supposed that 12 of the unfortunate inmates have perished in the flames. The fire, it is thought, took from a defective chimney. Some of the inmates gave the alarm as soon as the fire was discovered; but the keepers supposing their cries of fire were nothing but their accustomed ravings, gave no heed to them until they discovered the building was filling with smoke. The female galleries were cleared without loss of life. The Hospital contained 125 inmates, half of whom, males, were in the galleries where the fire originated.

The hospital is situated a mile from the village of Augusta, with no dwelling in its vicinity; and it was long before the fire became generally known.

Another Careless Mistake of an Apothecary's Clerk.—An inmate of Mr. Means's family, in Groton, came very near losing his life from the effects of an over dose of tartrate of antimony, which was given, *by mistake*, for cream of tartar. Such instances are getting too common, and it is quite time that measures were adopted to prevent their frequency. The proposed apothecary's association and college in this city, will have a tendency to rid us of these reckless and ignorant persons, who make pretensions to be apothecaries without the proper qualifications.

Filling Teeth after the Lining Membrane has become Exposed.—Dr. W. W. Codman, of Boston, informed us, while on a visit to that city last summer, that he had been in the habit, for several years, of filling teeth, under certain circumstances, after the lining membrane had become exposed, and with very great success. He also stated that he was of the opinion, from a number of experiments which he had made, that the pulp of the tooth, when the operation is successful, sooner or later ossified. He presented us with several teeth in which this had actually occurred.—*Am. Jour. of Dental Science.*